PRINTED: 09/16/2009 FORM APPROVED

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
NVN313 <i>8</i>		NVN313AGC	B. WING			09/01/2009			
NAME OF PROVIDER OR SUPPLIER			STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	•			
MOUNTAIN SPRINGS ASSISTED COMM			2765 N MOUNTAIN STREET CARSON CITY, NV 89703						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMAT			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	(X5) COMPLETE DATE			
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 9/1/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 30 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was seventeen. Ten resident files were reviewed and ten employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of B.			Y 000					
Y 103 SS=F	The following deficiencies were identified: 449.200(1)(d) Personnel File - NAC 441A			Y 103					
	a separate personne member of the staff of	se provided in subsection I file must be kept for eaction If a facility and must incomment Eates required pursuant If for the employee.	ach :lude:						
	Based on record revifailed to ensure 2 of NAC 441A.375 regar	ot met as evidenced by: ew on 9/1/09, the facilit 10 employees complied ding tuberculosis (TB) and #11) for the protect	y I with						

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

PRINTED: 09/16/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING **NVN313AGC** 09/01/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **2765 N MOUNTAIN STREET MOUNTAIN SPRINGS ASSISTED COMM CARSON CITY, NV 89703** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 105 Y 105 Continued From page 1 Y 105 Y 105 449.200(1)(f) Personnel File - Background Check SS=D

Based on record review on 9/1/09, the facility failed to ensure 2 of 10 caregivers met background check requirements (Employee #5, #10).

This Regulation is not met as evidenced by:

1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to

- /

Severity: 2 Scope: 1

Y 434 449.229(3) Emergency Drills SS=D

NAC 449.229

NAC 449.200

449.185, inclusive.

3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill.

This Regulation is not met as evidenced by: Based on record review on 9/1/09, the facility did not ensure that monthly evacuation drills were conducted on an irregular schedule for the past 3 of 12 months (September and October of 2008, and August of 2009).

Severity: 2 Scope: 1

Y 434

PRINTED: 09/16/2009 FORM APPROVED

Bureau of Health Care Quality & Compliance

			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED				
NVN313AGC NAME OF PROVIDER OR SUPPLIER MOUNTAIN SPRINGS ASSISTED COMM			O9/01/2009 STREET ADDRESS, CITY, STATE, ZIP CODE 2765 N MOUNTAIN STREET CARSON CITY, NV 89703						
(EACH DEFICIENCY MUST BE PRECEDED BY		FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH	CTION SHOULD BE COMPLETE D THE APPROPRIATE DATE				
Continued From page 2			Y 444						
NAC 449.229 9. Smoke detectors no operating conditions at tested monthly. The to this subsection mulmaintained at the fac. This Regulation is not Based on record reviend tensure smoke de the past 12 months (and the factor).	nust be maintained in at all times and must results of the tests pust be recorded and ility. of met as evidenced bew on 9/1/09, the factectors were tested 1 June of 2009).	be ursuant by: ility did	Y 444						
NAC 449.231 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. This Regulation is not met as evidenced by:		oy:	Y 450						
	SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page 449.229(9) Smoke D NAC 449.229 9. Smoke detectors no operating conditions tested monthly. The to this subsection mumaintained at the fact This Regulation is not ensure smoke dethe past 12 months (Continued From page 12 months). The subsection mumaintained at the fact This Regulation is not ensure smoke dethe past 12 months (Continued From Page 149.231(1) First Aid and Severity: 2 Scope: 449.231(1) First Aid and NAC 449.231 1. Within 30 days after administrator or care residential facility is eather facility, the administrator or care residential facility is eather facility, the administrator or care and cardiopulmonary advanced certificate is adult cardiopulmonary issued by the Americ equivalent certification accepted as proof of	NVN313AGC OVIDER OR SUPPLIER A SPRINGS ASSISTED COMM SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORM. Continued From page 2 449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in operating conditions at all times and must tested monthly. The results of the tests put to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced to Based on record review on 9/1/09, the face not ensure smoke detectors were tested 1 the past 12 months (June of 2009). Severity: 2 Scope: 1 449.231(1) First Aid and CPR NAC 449.231 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training.	NVN313AGC STREET ADD 2765 N MO CARSON C SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on record review on 9/1/09, the facility did not ensure smoke detectors were tested 1 out of the past 12 months (June of 2009). Severity: 2 Scope: 1 449.231(1) First Aid and CPR NAC 449.231 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training.	DIDENTIFICATION NUMBER: NVN313AGC DIDENTIFICATION NUMBER: NVN313AGC DIDENTIFICATION STREET ADDRESS, CITY, STA 2765 N MOUNTAIN STRECARSON CITY, NV 89703 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on record review on 9/1/09, the facility did not ensure smoke detectors were tested 1 out of the past 12 months (June of 2009). Severity: 2 Scope: 1 449.231(1) First Aid and CPR NAC 449.231 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training.	CORRECTION IDENTIFICATION NUMBER: NVN313AGC NVNN313AGC NVNN313AGC NVNN313AGC NVNN313AGC NVNN313AGC NVNN313AGC NVNN313AGC NVNN313AGC NVNN313AGC NVNNN313AGC NVNNN313AGC NVNNN313AGC NVNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNN	CORRECTION IDENTIFICATION NUMBER: A BUILDING B. WING 99/10			

PRINTED: 09/16/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN313AGC 09/01/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **2765 N MOUNTAIN STREET** MOUNTAIN SPRINGS ASSISTED COMM **CARSON CITY, NV 89703** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 450 Continued From page 3 Y 450 Based on record review on 9/1/09, the facility did not ensure that 3 of 10 caregivers received first aid and cardiopulmonary resuscitation (CPR) training within thirty days of employment (Employee #1, #8, and #9). Severity: 2 Scope: 2